

**MINUTES**  
**Standardization Committee**  
**Friday, November 14, 2003**

Balog, Stephen, RN, DASS  
Bordner, Mary Ann, RN, HES  
Chandler Axelrod, Karen, RN, Nsg.  
Eldridge, Lawrence, Chair, OD  
Fahey, Barbara, RN, MMD  
Feigenbaum, Kathy, RN, Nsg.  
Goldspiel, Barry, RPh, Pharmacy

Kessinger, Theresa, RN, Nursing  
Lang, David, MD, Peds.  
Peduzzi, Teresa, RN, Nursing  
Price, Mary, RN, Nursing  
Ram, David, BIOMED  
Row, Chung-Hee, DLM  
Sherry, Richard,  
Tarr, Linda, RN, Nursing  
Woolery-Antill, Myra, RN, Nursing

**GUESTS:**

Koviack, Pam, NPCS

**Minutes of October 2003 – Approved**

**COST IMPLICATION REPORTS:** Cost Implication Reports for Cath Lab items and Oral Syringe items were distributed. These items provide service improvement and product enhancement.

**ASSISTIVE DEVICES PILOT:** Pam Koviack, who coordinates Nursing and Patient Care Services' participation in the CC Medical Reasonable Accommodation Program, presented a request for Standardization Committee endorsement and support. Ms. Koviack plans to assemble an interdisciplinary work group to assess, evaluate and help implement standardized assistive transfer and movement devices that reduce back injury occurrence.

Ms. Koviack reviewed OMS data for 2002: a total 96 injuries occurred; 49 of the 96 were musculoskeletal; 12 of the 49 occurred during patient care; eight of the 12 were back injuries; four of the eight were Nursing Staff. The loss of productive work time for these four staff was the equivalent of two FTE. Ms. Koviack seeks to find ways to reduce risk for back injury via assistive transfer devices. Areas to be solicited for assistive transfer device pilots would be high risk locations, such as 2J, DASS, and Interventional Radiology.

The Committee endorsed Ms. Koviack's request and suggested that the work group include representation from REHAB, BIOMED, OMS, nursing areas that are high risk, MMD Nurse Consultant, and an interested Committee member. Ms. Koviack stated that this project will get underway after JCAHO. Ms. Koviack will keep the Committee posted on this project.

**GEMSTAR AMBULATORY PUMP IMPLEMENTATION STATUS:** Whole house re-implementation is planned for late January 2004. Implementation strategy meetings are underway—the next meeting of the work group will be November 24<sup>th</sup>.

**JCAHO HAND HYGIENE STANDARD:** Ms. Bordner provided a status report to the Committee. Hand Hygiene is a 2004 Clinical Center safety goals. The current CC Hand Hygiene program is congruent with CDC recommendations with one exception. The exception is the artificial nails, which the CC discourages. Bactifoam Wall Mounted Pump Dispensers are being installed in all patient room bathrooms and all patient care area bathrooms. Avagard Waterless Hand Sanitizer Wall Mounted Pump Dispenser installation is being expanded beyond the trial locations to all inpatient areas unless the Nurse Manager states that it's not appropriate, such as in Behavior Health. Pump Dispenser installation by the Office of Facility Management will be completed by 11-27-2003. HES is conducting hand hygiene in-services to all nursing units; the in-service includes a poster display and an assessment. HES plans to conduct a hand hygiene observational study in the future.

The Committee noted that Bactifoam is not the soap product in public bathrooms and recommended that the same product be used in patient care areas and in public bathrooms. Ms. Bordner will provide follow up to the Committee at the December meeting.

**DTM INVENTORY REQUEST:** This item was deferred to a future meeting.

**ON “Q” PAIN PUMP:** Mr. Balog provided information to supplement that provided at the November meeting. Mr. Balog passed a “Q” Pain Pump around and noted:

- \* the device tubing is placed along the incision at the end of surgery prior to closing the incision.
- \* the “Q” Pain Pump, similar to all CC infusion devices, can be tampered with, but, safeguards in place for other CC infusion devices are in place for this pump.
- \* the accuracy of the delivery is questionable but has not been identified as a clinical or safety concern. The infusion rate is only two to four mls an hour.
- \* the pump's tubing distal end has prominent black markings and a black tip so the provider can be sure the entire tubing has been removed.
- \* this device is not recommended for Pediatric use.

The Committee deferred a decision to approve evaluation of this device pending development of an education program and justification to evaluation this product as compared to other similar products.

**SAGE PERINEAL WIPES WITH ZINC OXIDE:** Ms. Chandler introduced the Sage perineal wipe with zinc oxide as an upgrade to replace the current product. The Committee noted that the new wipe would leave a lot of residual material on a patient's skin. The Committee deferred a decision to either approve or evaluation this product pending further information on patient comfort with the residual material and data on skin reactions or allergies to this product.

**SPECIMEN BAGS:** Ms. Fahey reviewed the 2003 ORS involving defective specimen bags from January 01 through the present date. A total of 23 ORS were filed from 13 different locations, with each area filing from one to four ORS. Of the 23 ORS, eight identified ROUTINE specimen's bags as being involved, six identified PRIORITY bags and nine did not identify the type of specimen bag. This is a difficult situation to assess because: the type of bag is not always identified; the defective bags were not all returned to MMD; the described defects are not the same for all or the majority of the ORS; the six available specimen bags are provided by more than one manufacturer. . MMD Inventory Management is contacting specimen bag manufacturers to provide product samples for replacement consideration.

**STERILE SKIN MARKER-STANDARDIZE TO ONE PRODUCT:** Ms. Fahey noted that the Committee recently approved into Regular Inventory the Sterile Skin Marker. Regular Inventory already includes a Sterile Skin Marker with Ruler. The Skin Markers are identical. MMD Inventory, CHS, and Storage and Distribution request the Committee to standardize to a single sterile marker product. A motion was made and approved to standardize to the Sterile Skin Marker with Ruler.

**ABBOTT AIM PLUS-TUBING SAFETY UPGRADE:** Ms. Fahey reported that Abbott abruptly discontinued the latex-free tubing 'pump set-sl with quick load cartridge, add -on antisiphon valve and female lock adapter, 13". The replacement tubing is the latex-free tubing 'pump set with injector, quick load cartridge, 1.2 micron filter, luer lock adapters, integral anti-siphon valve, nonvented 72". The replacement tubing has an injector that is not used and should be discarded into an MPW box. Product Updates were circulated house-wide.

This tubing will be discontinued when the Gemstar Ambulatory Pump is re-implemented in late January 2004.

**ENTERAL FEEDING PUMP BAG/TUBING/CONNECTOR RECOMMENDATION:** Ms. Fahey noted that the evaluation of Kendall Kangaroo DEHP-free Anti-Siphon Valve Feeding Sets and the Kendall Universal Y-Port Adapter is complete. The feeding Set evaluation was successful; these items are superior to the current product. A motion was made and approved to replace the current 500ml and 1000ml feeding sets with the Kendall DEHP-free items. The Kendall Universal Y-Port Adapter evaluation was positive but a cautionary comment was received from 9W: "does not work with Ross Low Profile Button, therefore could not use it with this patient". Ms. Fahey will investigate this comment and return with a recommendation at the December meeting.

**MEDISORB PREPACKAGED SODA LIME FOR ANESTHESIA MACHINES:**

Ms. Fahey reported that Mr. Brooks, DASS, identified a product which is comparable in quality with the current product and use could result in up to \$1,000 cost savings. A motion was made and approved to replace the current product with Medisorb.

**BARD UROSTOMY ADULT POUCH-PEDIATRIC USAGE:** Ms. Fahey informed the Committee the BARD Adult Urostomy Pouch was discontinued due to little/ no utilization and WOCN recommendation. Subsequent to this action, WOCN learned that the adult product was used for 24-hour urine collection for some of CC pediatric patients serving the purpose to help collect 24 hours of urine. WOCN is working with Pediatric staff to locate an acceptable 24-hour urine collection device for pediatric patients. MMD has placed a special order for the BARD Adult Urostomy Pouch in order to facilitate 24-hour urine collection as indicated for some pediatric patients. MMD Nurse Consult Service requested infection control and safety ensure that usage of this adult product for 24-hour urine collection is congruent with CC safety standards and CDC recommendations. Ms. Bordner will follow up and report back to the Committee.

**The Next Meeting Will Be 12-12-03, DLM Conference Room 2C-310, 11AM.**

